

Note: This Form has items added for the Iowa Wing, CAP.

FLIGHT RELEASE OFFICER CHECKLIST

Pilot's Name: _____ **Date:** _____ **A/C:** _____

- ◇ 1. Verify that the purpose of the flight meets the applicable criteria set forth in CAPR 60-1, paragraph 1-4 or 1-5 and that when and where available, CAP corporate aircraft are utilized.
- ◇ 2. Is this the first flight release request for the intended flight? **Yes/No**
- ◇ 3. Verify name of the designated PIC (the PIC must obtain the flight release), (Except for some flight checks, in which the check pilot's name will be obtained _____). **Will PIC change during flight? Yes/No** – New PIC: _____
- ◇ 4. Verify that all passengers meet the applicable criteria set forth in CAPR 60-1, paragraph 2-6. **Occupants:** _____
- ◇ 5. Assign the appropriate flight mission symbol as identified in CAPR 60-1, Attachment 10 or the CAPF 99. **Symbol:** _____
- ◇ 6. Verify the PIC has completed applicable portions of CAPF 99.
- ◇ 7. Verify the pilot and passengers are current members (or otherwise authorized to fly in CAP aircraft) and carry current membership cards. **Pilot Expiration:** _____
- ◇ 8. Verify the pilot has a valid (original) FAA pilot certificate in his possession. _____
- ◇ 9. Verify the pilot has a current medical certificate in his possession (not required for gliders and balloons). **Certificate Date:** _____
- ◇ 10. Verify the pilot has a current CAPF 5 flight check valid for the type of aircraft being flown
- ◇ 11. Verify the pilot is current and qualified in accordance with CAPR 60-1 and applicable FARs for the type of flight conditions, aircraft and mission to be released. **If passengers are carried verify the PIC has complied with FAR 61.57(a)(1), passenger carrying proficiency.**
- ◇ 12. Verify the pilot has a weather briefing for the intended flight. **Wx:** _____
- ◇ 13. Verify a Weight & Balance has/will be(en) performed for this flight. **Wt.:** _____ **lbs.**
- ◇ 14. Verify a FAA flight plan has been filed prior to flights of more than 50 nm from the departure airport. **Type: VFR/IFR** _____
- ◇ 15. Remind the pilot to review the "I'M SAFE" card as mentioned in the Aeronautical Information Manual, Chapter 8, Medical Facts for Pilots. (Illness, medication, Stress, Alcohol, Fatigue, Emotion)
- ◇ 16. Verify Pilot duty time will not exceed CAPR 60-1, Section 2-14. **Duty Start Time:** _____
- ◇ 17. Record estimated flight completion time. **Est. :** _____ **AM/PM**
- ◇ 18. Record total flight hours (Hobbs) reported by the pilot after the flight. **Hrs:** _____

NOTE: A flight release officer is not a dispatcher. They are expected to rely upon information provided verbally from the pilot and to use their best judgment considering weather, aircraft, and pilot in releasing flights.